

PROCEEDINGS

REGIONAL INVITATIONAL SYMPOSIUM ON ATTITUDES ABOUT BLINDNESS

Portland, Maine

June, 1972



Community Services Division

Region I

American Foundation for the Blind

HN91
At84
6/72/P



AMERICAN FOUNDATION
FOR THE BLIND INC.

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REGIONAL INVITATIONAL SYMPOSIUM
ON ATTITUDES ABOUT BLINDNESS



Sheraton Eastland Hotel
Portland, Maine

June 11-13, 1972

Region I
Community Services Division

AMERICAN FOUNDATION FOR THE BLIND

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Maine Department of Health and Welfare
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LEADERS

Dr. Robert P. Langford, Executive Director
The Maine Institution for the Blind
Portland, Maine

Mr. Edwin Pert, Executive Director
Arthritis Foundation
Bath, Maine

Mr. Gale N. Stickler, Executive Director
New Hampshire Association for the Blind
Concord, New Hampshire

Mrs. Helen W. Worden, Executive Director
Rhode Island Association for the Blind
Providence, Rhode Island

RESOURCE PERSONS

Sister Mary Byrnes, Administrator
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Jersey City, New Jersey

Mrs. Frances T. Dover
Associate Executive Director
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New York, New York

Mr. Raymond A. Mansolillo, Director
Professional Services
Rhode Island Association for the Blind
Providence, Rhode Island

Mr. Chester T. Williams, Director
Westchester Lighthouse
White Plains, New York

RECORDERS

Mr. James J. Acton, Administrator
St. Raphael's Geriatric Adjustment Center
The Catholic Guild for All the Blind
Newton, Massachusetts

Miss Adeline Franzel, Coordinator
Library Programs for the Handicapped
New Jersey State Library
Trenton, New Jersey

Mr. Jack G. Harper, Director
Professional Services
New Hampshire Association for the Blind
Concord, New Hampshire

Sister Elizabeth Lennon, Director
Blind Children's Resource Center
Portland, Maine

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HOST COMMITTEE

Mr. Paul Rourke, Director
Division of Eye Care and Special Services
Augusta, Maine

Miss Claire Gagne, Secretary
Division of Eye Care and Special Services
Portland, Maine

Mrs. Donald Coleman, Secretary
Maine Institution for the Blind
Portland, Maine

PROGRAM

Sunday, June 11, 1972

6:00 P.M. - 6:30 P.M. REGISTRATION
Lobby

6:30 P.M. - 7:30 P.M. SOCIAL HOUR (cash bar)
Camden Room

- 7:30 P.M. BANQUET
Camden Room

Chairman

C. Owen Pollard

Welcome

Paul Rourke

Introduction of Planning Committee

C. Owen Pollard

Keynote Speaker

Alex Rosen, PhD, Director
Urban Health Affairs
New York University Medical Center
New York, New York

Subject:

BEHAVIOR AND ATTITUDES TOWARDS THE BLIND

Monday, June 12, 1972

9:00 A.M. - 10:10 A.M. WORKSHOP SESSIONS
Castine Room

Group I

Blind Persons and Their Families *p. 11-13*

Leader:

Dr. Robert P. Langford

Resource Person:

Mrs. Frances T. Dover

Recorder:

Jack G. Harper

Monday, June 12, 1972 (cont.)

Rangley Room

Group II

Agencies and Professionals in the *p 13-18*
Field of Serving Blind People

Leader:

Gale N. Stickler

Resource Person:

Sister Mary Byrnes

Recorder:

James J. Acton

Sebago Room

Group III

Agencies and Professionals Outside *p 18-20*
the Field of Serving Blind People

Leader:

Edwin Pert

Resource Person:

Raymond A. Mansolillo

Recorder:

Adeline Franzel

Tower I Conference Room Group IV

American Community - Media, Legis- *p 20-24*
lation, Education

Leader:

Helen W. Worden

Resource Person:

Chester T. Williams

Recorder:

Sister Elizabeth Lennon

10:10 A.M. - 10:30 A.M. COFFEE BREAK
Castine Room

Monday, June 12, 1972 (cont.)

10:30 A.M. - 11:30 A.M. WORKSHOP SESSIONS (CONT.)

Noon - 1:30 P.M. LUNCHEON

Camden Room

Chairman

C. Owen Pollard

AFB Film

"What Do You Do When You See A
Blind Person?"

Speaker

Robert H. Carolan

pp. 25-26

Subject:

American Foundation for the Blind

2:00 P.M. - 3:00 P.M. INTERCHANGE OF WORKSHOP SESSIONS

Castine Room

Group I

Agencies and Professionals in the
Field of Serving Blind People

Rangley Room

Group II

Blind Persons and Their Families

Sebago Room

Group III

American Community - Media, Legis-
lation, Education

Tower I Conference Room Group IV

Agencies and Professionals Outside
the Field of Serving Blind People

3:00 P.M. - 3:30 P.M. COFFEE BREAK

Castine Room

3:30 P.M. - 4:30 P.M. WORKSHOP SESSIONS (CONT.)

Tuesday, June 13, 1972

9:00 A.M. - 10:10 A.M. GENERAL SESSION
Camden Room

Speaker

Arthur Zigouras, Director
Public Education Department
American Foundation for the Blind
New York, New York

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10:10 A.M. - 10:30 A.M. COFFEE BREAK
Camden Room

10:30 A.M. - 11:30 A.M. SUMMARY
Camden Room

Chairman

C. Owen Pollard

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- 11:30 A.M. ADJOURNMENT

Participants

[p. 29-36]

KEYNOTE SPEECH

"Behavior and Attitudes Towards the Blind"

Dr. Alex Rosen

The job of a scholar and of a responsible professional person who is serious about his work is, "To state publicly what he thinks privately." In other words, to be firm and honest out of respect for his audience, not just politic, polite and soothing. One thing we have learned in the study of race relations is that excessive, inappropriate politeness is really a function of social distance or outright hostility, rather than seeming friendship.

Since philosophy and experience are long but time for keynoting speeches limited, I see the need to make my remarks brief but focused. I will do this by listing a series of numbered propositions. They flow from my own professional and research experience in inter-group relations and I have tested them to some degree in my own work with blind social work students at the New York University School of Social Work.

First, let me state my own basic thesis:

- a. As professional people, our mandate from society is to establish and develop effective programs and services and to influence the practice of social institutions and their social policies as they effect blind people. In other words, our job is to do, not just consider vague abstractions. Professional knowledge is knowledge for use, not for insight and understanding in the absence of action.
- b. I am not concerned with changing attitudes for attitudes' sake, since I think that is a hopeless and non-productive task. Rather, I am concerned with the behavior of social institutions and of people. I am concerned with attitudes only if they affect program policies and services. This was a point also made by Dr. Lukoff of Columbia University in his talk to the National Meeting on Attitudes Toward Blindness.

- c. One of the major findings in the study of race relations, especially since World War II, is that attitudes cannot be affected in a direct manner in terms of exhortation, speech making, mass media seminars, printed articles, etc. Rather, attitudes are affected by changes in the structure of society, changes in social policy and program, which affect behavior and in turn eventually affect attitudes. Thus, the recent admission of a blind student to a medical school had greater impact on the morale of the blind than a thousand speeches.
- d. It is a form of simplistic almost naive reasoning to consider the attitudes of a generalized, undifferentiated public as the primary factor affecting the status of the blind, rather than the institutionalized practices of our social institutions, the structures of our programs, and the policies of the "gate-keepers" of our society are most salient in affecting the actual life and opportunity circumstances of the blind.
- e. It is a myth that before we can change programs and policies towards the blind that we need first to change attitudes as a necessary pre-condition for success. Attitudes have many dimensions and there is no automatic relationship between a given attitude and a given form of behavior, for there are multiple causes to behavior. In many instances, behavior is quite independent of attitudes.
- f. Frankly, it is all too easy at a regional conference to talk in general terms about changing the attitudes of various individuals when rather what we need is a more hard headed critique of actual programs, actual policies, actual services. As I indicated in the very first sentence of my thesis, our task is to change actual programs, policies and behavior and attitudinal change will then follow, not lead.

I now propose to document this thesis. During World War II, the armed forces called upon a colleague of mine at Cornell University, Dr. Robin Williams, Jr., a sociologist, for advice on how to handle the desegregation of the previously all black military units, which the armed forces proposed now to mix with white military units.

Desegregation meant that black and white soldiers would be living in the same barracks, eating in the same mess halls, using the same toilet facilities, and fighting together in the same military units. Anticipating that the Southern white soldier might be hostile towards this intimacy with black soldiers, the army wondered whether it needed to engage in a program of education to modify the attitudes of the white Southern soldier before he could be expected to adjust to, and accept, this integrated experience. What Dr. Williams recommended was the following: instead of trying to modify, in advance, the attitudes of these white soldiers, that the army simply state that it was now a matter of policy in accordance with the law for the military to place soldiers according to their individual abilities and interests, and not according to their racial or religious background. This policy firmly stated and firmly adhered to, was successful. Thus, we arrive at a proposition:

- I Within wide limits, prejudiced persons will accept and participate in a thoroughly mixed and integrated setting if integrated patterns are established and accepted as appropriate by other participants in that situation and by the "gate-keepers" administratively responsible.

Put another way, the same proposition can be stated in the following two ways - the newcomer to an integrated social environment learns from its regular participants the appropriate forms of interaction and sentiment for that environment, and these often are even more important in regulating his behavior in that particular environment than his past experiences and current attitudes. In a nutshell, when in Rome most of us behave as the Romans do.

- II In the process of labeling individuals in our society who deviate from the norm - delinquents, the physically handicapped, the blind, etc. - the individual becomes what he is defined to be.

In the field of juvenile delinquency prevention, it has been observed that the youthful offender becomes schooled in crime in the so-called correctional institution which does not correct at all. Rather, the institutions do the very opposite - they socialize the youngster into his new role as delinquent. Many a social-minded family court judge in New York City now places emphasis on diverting youngsters from state institutions rather than attracting them. So too in the field of blindness, the individual does not automatically or inevitably feel helpless, dependent, or depressed in adjusting to his blindness, but quickly becomes so because of negative social expectations of him from family, friends, teachers, and agency representatives. As Professor Lukoff put it at the National Conference, "The blind encounter these stereotypes and negative attitudes and tend to internalize them. Since they may be compelled to request help, they sometimes maneuver themselves into a position where they are a recipient of pity and therefore see themselves as helpless."

Robert Scott, in his book "The Making of Blind Men", referred to the important concept that "The blind are made, not born." What he meant was that although blindness - in and of itself - is a physical, physiological fact, attitudes toward blindness are socio-cultural facts. He refers to four features of personal relationships which affect this "socialization" of the blind. These are:

1. the negative stereotyped beliefs which sighted have towards the blind;
2. the fact that in our society blindness is considered a "stigma";
3. the fact that the conduct of interactional situations between blind and sighted people are profoundly affected by the fact that one of the actors in the encounter cannot see;

4. the fact that, by their nature, these are relationships of social degradation for the blind.

Now what shall we make of this analysis? What are the implications for action for those who want to improve the situation? My major suggestion is the following proposition:

- III The major target of our actions should be the operating practices of our social institutions, not preoccupation with the self-attitudes of the blind, or with the social attitudes of the sighted community. For instance, does a given school system automatically reject blind applicants for teaching positions who are otherwise well qualified? Does a university or college reject applicants for admission merely on the basis of blindness, even if otherwise qualified? Does a social agency or governmental agency reject blind applicants who are otherwise qualified?

I think that the self-image of the blind would be improved tremendously, not if they are given hand-holding psychotherapy, but rather if discriminatory barriers to opportunity in our society are removed. Nothing succeeds like success.

Let me introduce here the concept of the "gate-keeper" - these are individuals who are strategically located in the power structure of our society in terms of their ability to affect the admission to status or position. I refer to employment and personnel directors in industry, to admissions officers in schools and colleges, bank and industry executives, real estate and housing officials, and political office holders - these are the men whose attitudes need to be measured by their behavior, not their verbal utterances, as they affect status and opportunity for the blind.

As a case in point from the field of race relations, let us look at the problem of the poor self-image of the black child. In one study after another, we learned that the black child absorbed this negative image from the negative practices of our society and from his parents

and playmates as they themselves internalized these negative evaluations. He learned early in life whether white or black fathers held the good jobs and lived in good homes and neighborhoods. He learned early in life who needed to bend towards whom and who had the power. This learned knowledge - that to be black is to be at the bottom of the status and opportunity ladder - was what corroded the child's self-image. How to help this child? Not by treating him as sick, or as dependent, or as helpless, but rather by changing the actual life circumstances of black people in terms of social realities such as job, housing, and education.

As another illustrative example, the black medical student, still unsure of his status and acceptance in a white medical school, has his spirits lifted considerably when he sees professors at the medical school who are black. It is those concrete examples of power and status which speak volumes.

One of the debates I remember in the School of Social Work was whether blind people could become competent social case workers. The argument was raised that the therapist who could not see the facial expressions and body movements of the patient, to that extent could not really understand him or relate to him. It is significant in this connection that many a Freudian psycho-therapist deliberately sits behind the patient, out of sight, so that the patients could free associate, undisturbed by the therapist's own facial expression. Here was a case where not seeing was considered an advantage, not a disadvantage.

Thus we do find blind students in schools of social work, and we do find such institutions as the Menninger Psychiatric Clinic where several of the psychotherapists are blind and performing effectively.

Some blind individuals, especially those with multiple handicaps, may need sheltered workshops, but certainly not all the blind need them in a vocational sense. I remember vividly that one of the major complaints of the

graduates of the School of Social Work was that their counsellors in the blindness agency assumed automatically that they would find employment in specialized blindness agencies, rather than general agencies.

Increasingly, as we listen to the blind themselves, they do not wish to be shunted aside in sheltered workshops in a life style where they relate only to other blind. They want to become, in a realistic way, part of the mainstream of society, relating to sighted and blind people as well.

A similar situation is faced by the aged in our society. The plight of the aged is important to our discussion of blindness for, as you know, 2/3 of all blind in the U.S. are over age 65. Most of them are poor, with sub-marginal incomes and often with other physical infirmities and handicaps. Our society does not have a positive record in its treatment of the aged - be they sighted or blind. I strongly recommend you read the new book titled "Coming of Age" by the French writer, Simone DeBeauvoir. She points out that most societies and cultures have neglected their aged and that these societal practices are callous and inhumane. In this connection, one is reminded of the anthropological studies of the Eskimos which revealed that the Eskimos once had a custom of getting rid of their economically non-productive aged by placing them on ice floes which drifted out to the open sea thus causing these aged persons to freeze to death. In many respects, the sub-standard economic status and social isolation in which many of the aged find themselves in American society, represents the version, in "American Style", of the Eskimo ice floe.

Our neglect of the aged, including the blind aged, represents one of the major scandals of our allegedly humane society.

As a recent study of Community Service Society points out: "As the aged become increasingly defined as the responsibility of the government instead of their children, their situation is deteriorating. As the span of life increases, existing services become more overburdened. A major

problem seems to be poverty, lack of adequate health services and need for feelings of self-worth. A replacement for America's major status determinant, the job, is the most pressing psychological need." This is an area dealing with societal attitudes towards the aged and the blind aged, where blindness agencies and general agencies can fruitfully collaborate.

I'd like now to comment on the nature of the "social conscience" in America in order to explain this negative, insensitive, societal behavior. The observation has been made by a number of reputable, able social scientists that American society is less attentive, less responsive to large areas of social neglect than our sister societies abroad - particularly those in the Scandinavian countries of Denmark, Sweden and Norway. American attitudes and behavior are negative and judgmental towards welfare clients, the poor generally, members of minority groups such as blacks, Puerto Ricans, Chicanos and towards anybody who isn't successful, who hasn't made it, who is deviant, in other words, from the norm of success, independence and standing on one's own feet. These negative attitudes lie deep within the American character and deserve some analysis here tonight for their implication for attitudes and behavior towards the blind.

Professor Robert Heilbroner of Columbia University has an intriguing explanation that begins by asking this question, "The U.S. is, by any conventional measures, the wealthiest nation in the world. Why is it not, at the same time, the most socially advanced? Why is it that a nation that could afford to remove social and economic inequalities more easily than any other has been so laggard in doing so?" Dr. Heilbroner's explanation is, at first sight, a seeming paradox. He calls attention to the relative affluence of many Americans (affluent compared to the status of their European ancestors) and their resultant feelings that, though neither rich nor powerful enough to have much hold over others, they feel independent of others. They feel that they have lifted themselves by their own bootstraps by hard work and diligence and that anybody else who hasn't done likewise is a failure by his own fault, and not by any fault of society.

Dr. Heilbroner quotes Alexis De Tocqueville, the great French observer of the American scene, to the effect that: "Each man is forever thrown back on himself alone and there is danger that he may be shut up in the solitude of his own heart."

There is, thus, what might be termed "a restriction of concern" in our society, a tendency to cultivate a general concern only for those who are successful and independent, but to ignore those who drop below the success norm into the limbo of failure and dependency.

Historically this attitude flows, in part, from the American frontier spirit with its encouragement of extreme individualism and self-reliance. Thus there has developed an anesthetizing of the public's social conscience and an indifference to social neglect. These ingredients of the American experience, (economic affluence and frontier spirit of self-reliance) according to Dr. Heilbroner, have made Americans loath to acknowledge the social causes of neglect and reluctant to use public authority to attend to them.

In the course of our development of more adequate programs, services, and social policies for the blind, we might well review and discuss these sociological and historical factors affecting American attitudes towards any status, including blindness, which involves dependency or deviant behavior.

Here are some questions flowing from my analysis which might be helpful to raise in the group discussions tomorrow:

In your agency or community, who are the "gate-keepers" or "significant others" whose attitudes and behavior have affected the status of the blind?
 Have blind persons in your agency or community been involved in developing agency programs and policies?
 What is your agency's or community's experience in regard to the charge that some professionals are alleged

to be overly possessive, overly protective, and sometimes patronizing?

What is the behavior of such persons in influencing programs?

What is your opinion of Robert Scott's concept that "The blind are made, not born."?

What is the end result of agency programs for the blind - dependence and isolation or independence?

As I indicated at the very beginning of this paper, true respect and affection are characterized by frankness, by stating publicly what we think privately. This Regional Conference, I suggest, will be successful in achieving its objective to the extent that we can all achieve this frankness.

WORKSHOP SESSIONS

Blind Persons and Their Families

Recorder: Jack G. Harper

(Morning and Afternoon Sessions)

This group identified and discussed the most prominent negative attitudes and practices which confront the majority of blind persons and their families in our society today. It was recognized that there are wide variations of attitudes and practices, and that there is no profile common to all blind persons, but it was agreed that there are still misconceptions and negative attitudes and practices towards blind persons - namely, that they are unable to work, communicate, travel, or function in society like sighted persons.

It was thought that the lack of factual information and understanding, as well as concern by the general public, were the causes of most negative attitudes and practices towards blind persons. It was recognized that to change attitudes requires a behavioral change - not only in sighted persons, but in blind persons as well.

The group identified that sighted persons react differently towards blind persons. Frequently, negative attitudes and practices could be a reaction against the blind person as an individual and not towards the blindness itself. The group recognized that the attitude blind people have about themselves could differ from what sighted persons have towards blind persons. Also, the reactions and feelings which a family would have towards a blind family member would vary greatly. It was thought that many of the adverse attitudes and practices against blind persons have been applicable to other minority groups in certain aspects.

It was concurred that those attitudes and practices which adversely influence blind persons and their families should receive the focus of our attention, i.e., the inability to obtain employment or enter a school or college, not having the opportunity to become more independent, or not having the right to enjoy a fuller social and family life.

Generally, it was thought that family life, education, and counseling was a good starting point to effectuate a positive change in adverse attitudes and practices against blindness. It was agreed that the sponsorship and the service of family education for families with blind members should be provided by all agencies and institutions in the field of blindness. The blind person and his family must be educated to understand their own feelings toward blindness and learn how to cope with prejudicial attitudes and practices.

Attention was given to the pros and cons of using a "sledgehammer" approach to overcome adverse situations with the "gatekeepers" of society. It was a group feeling that in some instances this aggressive manner would be appropriate, but that for other situations, individual or small group discussions would be more advantageous. The group agreed that blindness agencies, as well as blind persons and their families, have the responsibility to "sell" the "gatekeepers" on accepting blind persons as individuals.

It was this group's opinion that prejudicial attitudes are not the same for the partially blind as they are for the totally blind. Also, it was felt that the accepted legal definition of blindness is confusing to the general public and is not satisfactory to most blindness agencies.

There was a group feeling that the blind person and his family should often be the primary source of information about blindness and, when appropriate, should be consulted with and involved in the planning for the improvement of services and in action to improve adverse situations regarding blindness.

In summary, the group recommended the following areas to help change adverse attitudes and practices:

1. Family Life Education and Counseling - Highest priority for parents with blind children but appropriate for all families with blind members. All specialized agencies should provide this as a major service.
2. Involving the Consumer - The blind person should have a voice about his existence and future.

3. Demonstration - Most effectively achieved by "models" of successfully rehabilitated blind persons.
4. Organization - Formation of concerned blind persons, parents, families, and other interested persons to determine the best approach to reach the "gatekeepers" in regard to employment, housing, education, etc.
5. Legislation - Blind persons and their families, as well as blindness agencies, should be aware of and more involved in appropriate legislation to promote improved changes in adverse attitudes and practices against blindness.
6. Public Education - Specialized agencies in the field of blindness must improve and increase their methods and techniques of educating the general public about blindness. An improved definition of "legal blindness" would be an asset.
7. Inter-Agency Cooperation - Blindness agencies must break down "parentalism" where it exists. They must stress cooperation and communication with other general and health care agencies and institutions.

Agencies and Professionals
in the Field of Serving Blind People

Recorder: James J. Acton

(Morning Session)

At the beginning of the morning session, the Leader briefly summarized Dr. Rosen's keynote speech. He stated his impression of Dr. Rosen's speech was that it is non-productive to change attitudes. Rather we should try to change behavior, we should try to change the structure of society, we should try to change programs and policies. Behavior is independent of attitudes; attitudes can be measured by behavior.

One participant mentioned that he knew of a blind person who was recently refused for a job because, as it was stated, "she cannot see the expression on a person's face." The group felt that in hiring procedure the individual supervisor can make a key decision on a blind

person. The question was raised - what about the qualifications of the individual blind person - what about the amount of sight the individual blind person may have? Dr. Rosen, in his experience, may see only a select sample of blind persons.

It was voiced that fund-raising publicity should try to be realistic and should avoid "tear jerking" philosophy. Should we try to educate the public or bring about a "forced acceptance", as seemingly suggested by Dr. Rosen?

Another participant mentioned that there has been a good deal of progress in the last twenty years in both public and private agencies.

Mention was made of Dr. Rosen's article that appeared in the "Portland Press Herald" concerning the AFB meeting. In it it was mentioned that blind persons were opposed to sheltered workshop employment. One participant voiced his opinion that some workshops can be helpful for certain blind persons, especially when the workshop is properly run. He feels that the stereotype of a poorly run shop has developed as the commonly held picture of all workshops.

Another participant asked if the group wished to develop an attitude of its own toward Dr. Rosen's statement - do we want to "be on the record". What are the goals of this meeting? How do we affect a change in the attitude of society and in the attitude of staff people? He also made mention of recommendation twenty, appearing on page 65 of AFB's recent publication, "Attitudes Towards Blind Persons" which states, in part, "Each agency now serving blind and visually handicapped persons take a critical look at its own program." It was suggested that there is a need for good copywriters to do publicity as well as fund-raising so that a proper and healthy image may be presented to the public.

It was suggested that a positive statement be issued from the particular workshop that would stress the individualized approach to the blind person. The idea of a paternalistic approach on the part of an agency may have been overplayed, since very frequently the client himself may become paternalistic and may oppose any change from one agency to another. It was also voiced that the "numbers

game" in a bureaucratic structure can have an influence on attitudes and on services. The group commonly felt that one agency may not be aware of the services of other agencies in the community, particularly those that serve blind persons. The blind person should have the right to choose the agency and the services he needs and wants. All agencies for the blind must recognize the right of the blind person to choose services. Agencies must cooperate with each other so that appropriate referral for services may be made and that the client may be properly advised.

The possibility of intensive use of mass media to achieve the above purpose, that is, informing blind persons and their families of the services that are available, was discussed. This use of mass media would utilize "good" material, with the agencies setting the standards for the kind of publicity. Through this it was felt that a change in public attitude might also be effected by telling the story of the agency. Two participants alluded to the Massachusetts Federation of Agencies for the Blind and Visually Handicapped, which has attempted to establish communications and liaisons between several agencies for the blind in the Boston area. It was felt that it has been hard to get agencies together, partly due to "paternalism".

It was also felt that the specialized agency must develop ties with generic agencies within the community to help them serve blind persons. With regard to the AFB spot advertisements that appear around the nation, it was suggested that a local "hotline" number be given at the end, which a person could call for information.

At the end of the morning session, it was suggested that a recommendation be issued from the symposium stating that the symposium supports and endorses the findings of the White House Conference on Aging concerning the elderly blind, specifically with regard to recent legislation concerning the vocational rehabilitation of the elderly blind.

The recommendations arrived at during the morning session of this group were as follows:

1. That each agency for the blind exercise a process of self-evaluation to determine the attitude of each staff member and the agency as a whole before presenting its services to the public and attempting to effect attitudes in the community.
2. That the need for individualized services to the client be strongly stressed.
3. That each agency has an obligation to cooperate with, and bring about the services of, other agencies in an area so that appropriate referral for services may be made.
4. The specialized agency has a responsibility and obligation to inform blind persons of services available and that the blind person has the right to choose the agency and services that will most benefit him. Further, the specialized agency should develop this with generalized agencies to help those agencies better serve blind persons with whom they come in contact.
5. That the symposium supports and encourages the findings of the White House Conference on Aging with regard to the elderly blind. Individual and agency support should be voiced for pending federal legislation that directly affects rehabilitation of the elderly blind.
6. That continued, intensive use should be made of the mass media to help affect change in the attitude of the general public toward blindness and blind persons (by "telling the story" of local agencies for the blind).

(Afternoon Session)

The afternoon session began on something of a negative note. The participants felt that agencies were presenting a dual face, that is, they were telling the public one thing to raise money by presenting a picture of the poor, helpless blind person, while they presented another picture when trying to place the blind person. It was felt that the blind are being "used" by agencies for the blind. The American Foundation for the Blind often uses poor

imagery in its advertising and it was hoped that National Accreditation Council standards will help to do away with this. One participant stated her opinion that the publicity from some accredited agencies is still not good. A proposed solution: the government will take over everything entirely in the long run.

The idea of individual and agency self-evaluation as an aid was voiced. The group felt that the field might develop a code of ethics.

The question was asked - what is the impact of dropping the name "blind" from the title of agencies? The group felt that agencies for the blind tend to become all encompassing to the individuals and that the specialized agency should strive to help the various generic agencies in the community.

Dissatisfaction was voiced with the Talking Book Program and it was felt that a recommendation should be made that the talking books for the blind be strictly reserved for the blind and that other handicapped persons have their own bureau to obtain these machines.

The whole picture of public and private organizations competing with each other was discussed. The question was asked - should there be specialized agencies for the blind? The overall answer to this question seemed to be yes, but it was felt that specialized agencies for the blind should encourage general service agencies to render services as appropriate to blind persons. For example, family counseling services might be rendered by that type of agency to the family of the blind person.

Further, the group felt that the consumer of services should have a say in what kinds of services he would receive, and to what extent. The blind person should be involved in the decision-making process and should be adequately informed concerning the services and resources available to him. In determining the services offered to the blind person there should be an interplay of ideas between the agency and the client.

It was felt that statistics had an effect on the kinds of service and attitudes that a worker and an agency would render to a blind person and that one could easily be trapped by the "numbers game".

It was stated that agencies for the blind, both public and private, may unintentionally be confusing the public with their presentation of services to the blind by perpetuating attitudes that may have existed in the past.

The recommendations arrived at during the afternoon session of this group were as follows:

1. That the Talking Book Program for the blind be used strictly for blind persons and that other handicapped persons have their own bureau of talking book machines.
2. That specialized agencies for the blind encourage general service agencies to render services as appropriate to blind persons. For example, family counseling services may be provided to the family of a blind person, as needed.
3. In determining the services offered to a blind person, there should be an interplay of ideas between the agency and the client.
4. That agencies for the blind, both public and private, should always be aware of the possible harmful effects of the statistical "numbers game" on the attitude of the individual worker and the agency toward the clients he serves.
5. That agencies for the blind, both public and private, may be confusing the public by unintentionally perpetuating attitudes that may have existed in the past, and by the presentation of their services to the public.

Agencies and Professionals Outside
the Field of Serving Blind People

Recorder: Adeline Franzel

(Morning and Afternoon Sessions)

There was general agreement that the "Rosen" formula for affecting behavioral changes was only an excellent beginning. While this could result in some alteration of attitudes, continuing follow-up is necessary to insure lasting progress. Tokenism gets some attention but does not result in a permanent change of attitude nor elimination of harmful prejudice.

It was strongly recommended that the American Foundation for the Blind review its Statement About Specialized and General Agencies Serving Blind and Visually Handicapped People. Great care must be taken to insure that more than sympathy is offered to clients. Agencies serving blind people must act as consultants and continue to influence and educate policy-making leaders in all agencies. Cooperative workshops should be conducted regularly to disseminate current information and to inspire dedicated leadership.

Strong disapproval was expressed about giving preference for any service first to veterans. Most suggested that all individuals who have needs should receive appropriate service. Library service especially should not be first to veterans, blind, or visually handicapped persons. Anyone who cannot read ordinary print should be encouraged to benefit from sharing special recorded reading materials formerly used only by blind people.

The idea that, in the world today, not all handicapped people need to work, should be explored further. Many individuals, regardless of the problems of their handicap, would become useful volunteers in agencies hard pressed to give good service with inadequate staff and budget. Enrichment of the life of the volunteer is a valuable side effect.

The American Foundation for the Blind has an important role to educate ophthalmologists (and other professionals) in services available for blind and visually impaired people whether needs are temporary or permanent. In addition, the encouragement and development of low vision clinics should be emphasized to add to resources already

available to meet varying individual needs.

Finally, there must be continuing programs of education and information to increase public awareness of enlightened attitudes toward the role of blind people in society.

American Community: Media, Legislation, Education

Recorder: Elizabeth Lennon

(Morning and Afternoon Sessions)

The concept of "gatekeepers", as highlighted by Dr. Rosen in the keynote address, proved to be a stimulus point to which members of the group repeatedly turned to as each area came up for discussion.

The importance of determining who the vital gatekeepers are in one's local community and profession and, in turn, influencing them is as urgent and compelling as the attempt to reach and influence the gatekeepers on the broader national scene.

The commitment and responsibility to the people with and for whom we work demands that as individuals and agencies we become ever more aware of who the gatekeepers are and how they can best be reached and moved.

Just as no man is an island, so no profession, discipline, or agency can (in and of itself) either meet the total needs of the visually handicapped, or make truly effective change in community attitudes and behavior towards people. This is especially true for our target population, so often the victim of stereotyping and misinformation.

A great deal of time was spent exploring the above statement and its implications. It was felt by some that, historically, the field of blindness has been isolated

and individualistic to an extreme. In a sincere effort to meet the needs of blindness, the profession itself has given off a sometimes stereotyped segregated image.

At this point participants questioned the AFB policy statement, "Specialized and General Agencies Serving Blind and Otherwise Visually Impaired Persons". It was felt by many that the statement reflects, and perhaps helps to perpetuate, attitudes that some feel must be changed.

If an agency is client-centered, it was felt that it must of necessity reach out to existing agencies and community resources that have potential impact and service capacity in meeting the needs of the visually impaired in the world in which he lives and interacts. If we are the professionals (the experts) in a specific aspect of blindness and its consequences and management techniques, they are the professionals and experts in their own field. How much better if we share our knowledge, skills, and expertise with others in the human services. We, thus, increase by the ripple effect our effectiveness, our power, and the services available to blind persons. Thus, attitudes receive a fresh input and growth and change comes from such stimulus and response.

It was felt that the proper use of media serves to extend and increase the influence of the concrete changes and success we have wrought in individual and agency activity.

By directed attempts to wisely use the media we may, in fact, be influencing another key gatekeeper. Need we strive for change in the attitudes of mass media to handicaps?

Legislation as a means of effecting attitude change was another area of controversy. It was felt that although you cannot legislate attitudes, legislation does, in fact, affect behavior and existing legislation does indeed reflect attitudes.

It was felt that we must strive for more "enabling" laws as opposed to "grants in the pocket" and preferential or favored legislation. There was, within the group, varying opinions on legislation such as the State Use Bill in

New York.

A plea was heard for increased understanding and use of the researched and proven methods of affecting attitude change. Why should we make a trial and error attempt? Why not profit from others?

Then discussing education, the group stressed the importance of on-going education and growth within our profession, the effective use of our knowledge by sharing with other agencies in the human services field and of combining our efforts with all those involved in the education of persons having a handicap. It was felt that effective climate, methods, and approaches based on sound principles of learning, which reach and teach other handicapped children and adults, are, with minor adaptations, excellent for blind and visually handicapped individuals.

The importance of consumer involvement in all areas of service was another point frequently alluded to both by blind persons in attendance and agency workers and administrators. The consumers who speak out now, sometimes to our chagrin and dismay, as much as to our pride and satisfaction, must be listened to. He is as he is, in part, because of his exposure to and experiences within our professions. Attitudes and behavior - none of us escape!

Discussion then focused on the importance of realizing the impact individual members of an agency have on the population. Before we use the media and urge legislation are we sure our own house is in order? Is it possible that we, as professionals, have built-in attitudes and semantic differences, ideological and methodical polarities that serve to further confuse the public and cloud the issues?

An earnest plea for a reality orientation was made. The importance of truthful, factual presentation of blindness - its implications and effects on an individual, his family, and community - was stressed. Our use of the media should be informed and realistic. We should be aware of why we are using the press, radio, and television. Do we often resort to these tools primarily as fund-raising and

client hunting -- and for what purpose? There followed some excellent suggestions and discussion on the enlightened, effective use of the media. It was felt that together we have the knowledge and picture of blindness. We must now turn to the professionals in the field of public relations for assistance in putting across our message. Here, once again, came up the importance of our knowledge, grasp, and commitment to the message. What message?

Discussion then focused on universities and college teacher preparation. We need to have consistent input into the developing, improving, and implementing criteria, curriculum, and competency-oriented programs.

Throughout both sessions ran the theme of a unified approach consistent and formalized with continuity and follow-up. The entire group felt this was essential. We cannot afford a haphazard, informal approach. We cannot leave these matters to happenstance, to the good will of the individuals involved.

The following recommendations were formulated and reported to the group at large:

1. The variety of similar attitudes and behaviors related to handicaps in general indicates the need of a cooperative, interdisciplinary approach to the changing of attitudes and behaviors of both professionals and the general public.
2. The involvement of consumers at all levels of programming is strongly urged.
3. The consistent, professional, truthful, and realistic use of the media is encouraged.
4. The development and use of a total public relations program is essential in our efforts to increase our effectiveness and to change community attitudes -- thus, the use of and involvement with speakers bureaus, talk back shows, in-house organs, in-staff training, and board education is recommended.

5. That individuals and agencies working with blind persons be aware and convinced of the important role they play in the conveying and shaping of attitudes.
6. That in our efforts to shape and change attitudes we utilize all available resources and existing research and proven methods.
7. That agencies be sure of the product they are selling, the concrete services they deliver.
8. That a direct approach to legislation be undertaken by using consumers, professional groups, and board members.
9. That workers and agencies in the field of blindness utilize fully the expertise of outside agencies in the field of human services.
10. That agencies assume the advocate role in working for legislation.
11. That preferential legislation vs. enabling legislation be examined in the light of attitudes conveyed and created.
12. That education and direct personal contact and involvement of the gatekeepers in the community be encouraged and maintained.
13. Recommendations to AFB:
 - a) Examine the effectiveness of various public relations techniques and media and advise constituents of findings.
 - b) Develop public relations material for local agencies that are geared to specific groups within the community.
 - c) Review the policy statement, "Specialized and General Agencies Serving Blind and Otherwise Visually Impaired persons" in the light of current knowledge and trends.

LUNCHEON

Speech

Robert H. Carolan

In commenting on the film, "What Do You Do When You See A Blind Person", which had just been shown, the speaker noted that this film had just won two awards -- first place in the Public Service category at the 14th Annual American Film Festival, which is sponsored by the Educational Film Library Association; the second was a Golden Eagle Award given by the Council on International Non-Theatrical Events. He indicated that he hoped other generic or specific needs for films for the field would come to the attention of AFB.

The reason for the Regional Symposium on Attitudes was then mentioned. In October of 1971, there had been a National Symposium on Attitudes to commemorate AFB's 50th Anniversary. The Service Advisory Committee of AFB felt this was an appropriate action and would give the field a collection of current thoughts on how attitudes toward blind and visually handicapped persons affect their lives. Mr. R. Roy Rusk, Director of AFB's Program Planning Department, had coordinated the efforts of AFB on the national level.

The Service Advisory Committee planned to follow-up the National Symposium with six regional symposia on attitudes. Mrs. Doris P. Sausser, Director of AFB's Community Services Division, was coordinating these meetings together with the six Regional Consultants. This was the second such symposium held at the regional level.

The speaker thanked the Chairman and the members of the Planning Committee for all that they had done to make the meeting so productive. He also expressed gratitude to the Workshop Leaders, the Resource Persons, and the Recorders, for their capable contributions to the Sym-

posium. He thanked the members of the Host Committee for their gracious hospitality. He expressed gratitude to all the participants who made the conference so productive by their input.

The role of the American Foundation for the Blind as a national agency established to carry on research, to collect and disseminate information and to advise and give council on matters that improve and strengthen services to blind persons, was outlined. The role of the Regional Consultant as liaison with public and private agencies serving blind and visually handicapped persons, was reviewed. The importance of communication with AFB was stressed. Its role of collecting and disseminating information is effective only in so far as there is accurate and complete input.

The American Foundation for the Blind has established priorities in approaching its goals. These priorities were mentioned and described. They were listed as follows:

1. Geriatric Blindness
2. Early Childhood Development
3. Independent Living
4. Career Education
5. Accreditation

It was also noted that AFB uses a task force approach.

GENERAL SESSION

Speech

Arthur Zigouras

In his talk, Mr. Zigouras covered the field of mounting a public education program on a local level and how the Foundation could help local agencies in their public education programs.

He touched upon the main points of any public education program -- know what you want to say, approach the media with a good story about what to say, and present the story in a professional manner. He gave suggestions on how to cut budget corners by approaching colleges and public relations firms to contribute their talents to the program.

Coverage in the electronic media also was treated. He discussed how to get a message on the air and, again, importance was given to the local approach over the national approach.

He pointed out how the Foundation would let the participants know of our national campaigns and it was brought up that many of the workers in the field did not get the information the Foundation sent to the heads of agencies. A recommendation was made to address the mail to the workers and/or indicate the information be posted.

SUMMARY

C. Owen Pollard

In reviewing the activities of the Symposium, the Chairman cited the impact of the Keynote Speech on the Workshop Sessions. He also noted the flexibility of the participants on the first night in their reactions to the need to change from the banquet room to the room at the top of the hotel. He outlined how all involved in the Workshop Sessions - participants, Leaders, Resource Persons and Record-ers - produced significant discussions and recommendations. He reviewed the recommendations of each Workshop.

In closing, he expressed the gratitude of all the participants to the American Foundation for the Blind for sponsoring this Symposium. He thanked the members of the Planning Committee for their work in planning the meeting. He thanked the Leaders, the Resource Persons and the Record-ers of the Workshop Sessions for all that they had done to make the sessions so fruitful. He expressed the gratitude of all to the Host Committee for the warm hospitality shown.

He concluded by expressing his appreciation to all the participants for making the Symposium so enjoyable and productive.

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